

A thick, hand-drawn black border frames the entire page, consisting of two parallel lines that are slightly irregular and sketchy in appearance.

Ontario Municipal Social Services Association



user experience

**institutional
planning**





stanford immersion



**NO
MATTER
WHAT**



**"I am done with bullshit.
I only want to be on what is real."**



user experience

**institutional
planning**





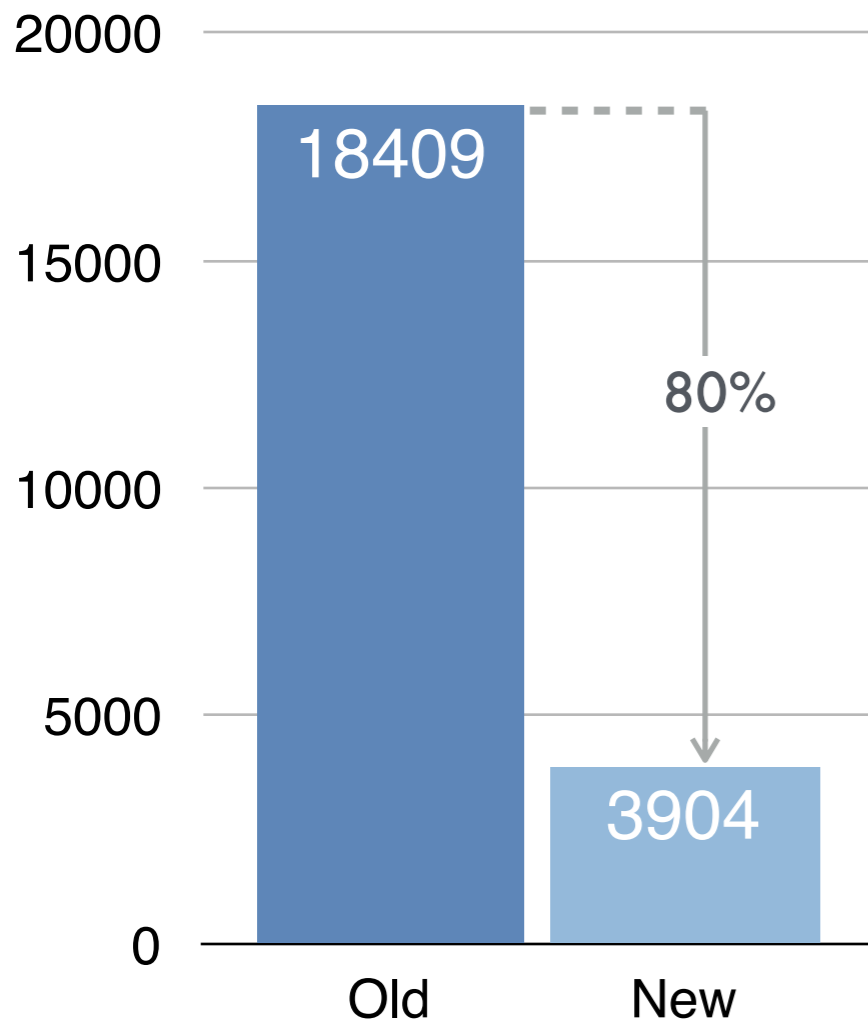


human-centered design

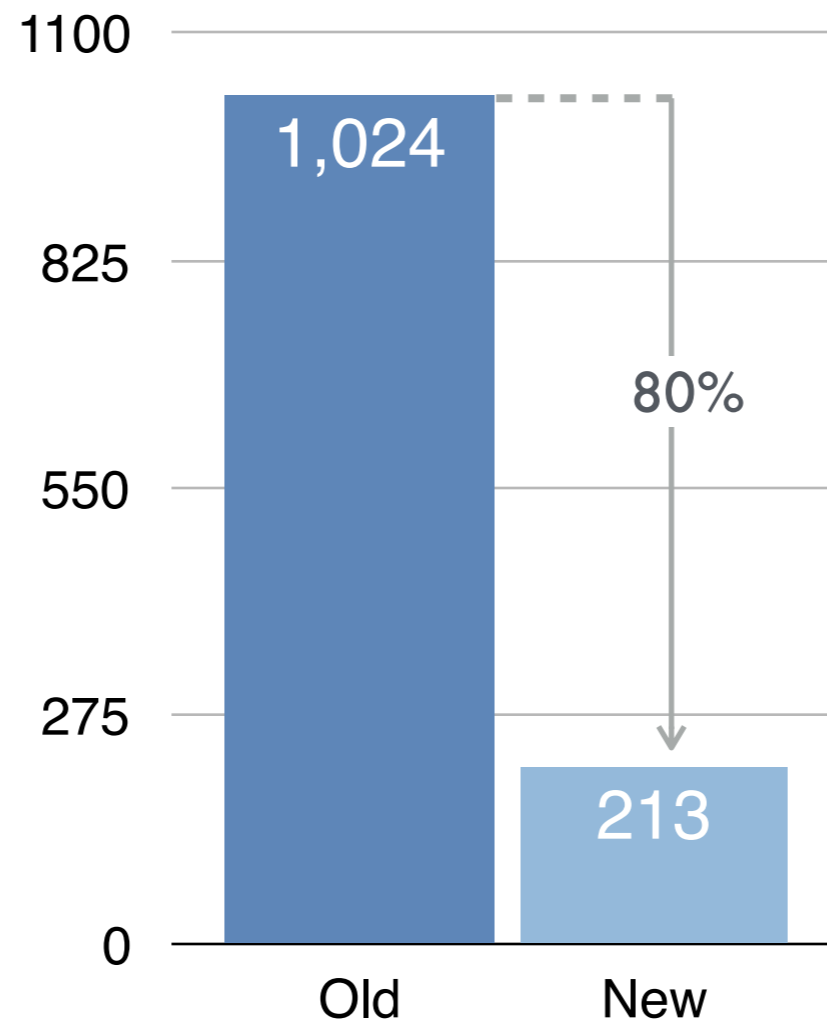


Dr. Latina Denson, PhD

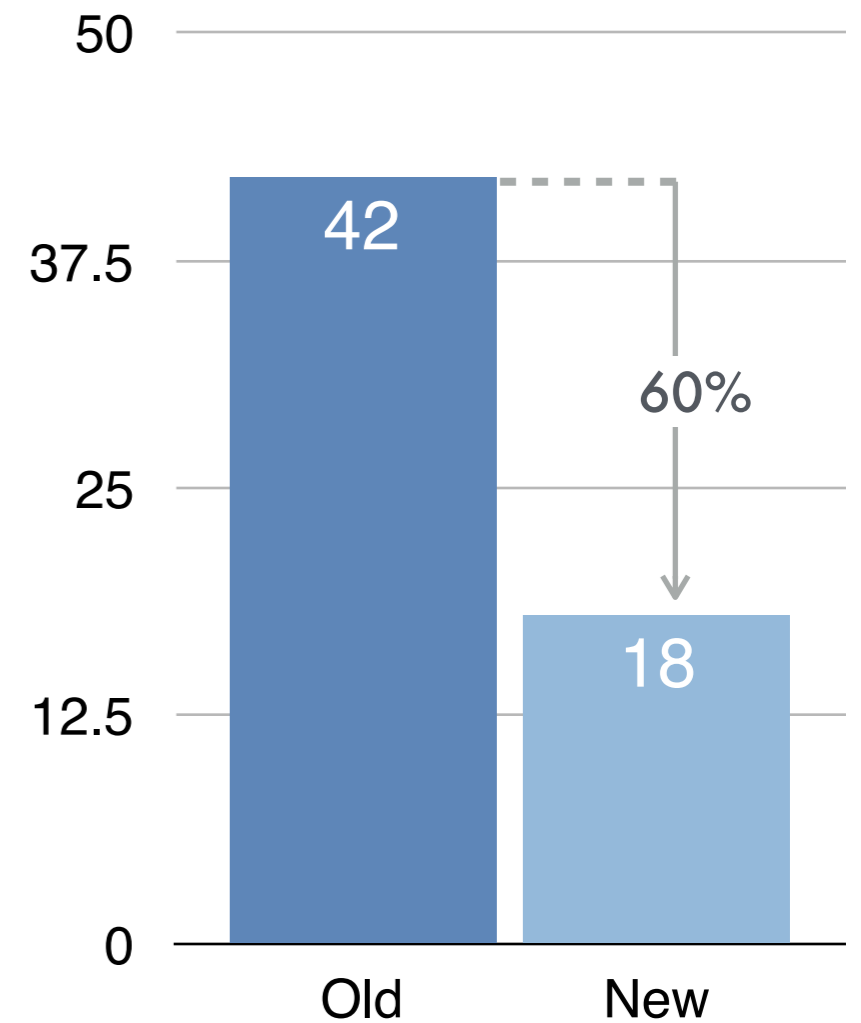
Number of words



Number of questions



Number of pages



...with no structural changes to policy, business process, or technology



1. Start Small



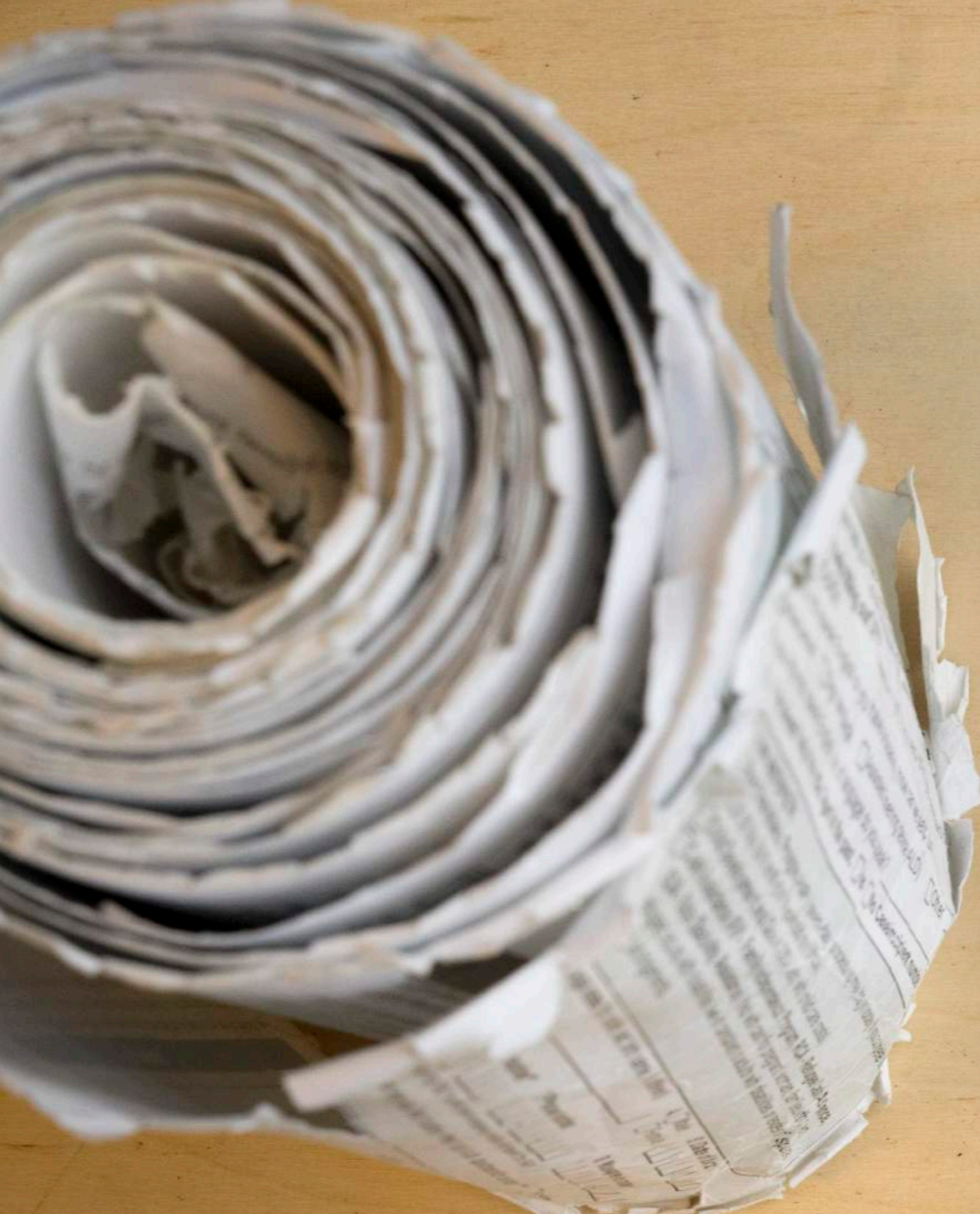
2. The Power of Pairs



3. User need



4. Tell their story



5. How might we?

Assistance Application



Submit this form by mail, fax, or bring it into a local MDHHS office

Find your nearest location at www.michigan.gov/dhs-countyoffices or call 855-ASK-MICH

Apply online: www.michigan.gov/mibridges

Welcome!

Fill out the Assistance Application
Answer questions about you and your household.

Fill out Program Details:

Healthcare Coverage

Food Assistance Program (FAP)

Cash Assistance | Family Independence Program (FIP)
Refugee Cash Assistance (RCA)
State Disability Assistance (SDA)

Child Development + Care (CDC)

State Emergency Relief (SER)

Submit your application for one or more programs
It will be sent to your local MDHHS office for review and follow-up.
You may need to interview with a MDHHS Specialist.

Receive your results

← Refer to the Information Booklet for details on each program

What language do you prefer?

Spoken Language

Written Language

If you do not speak English, have a hearing impairment, or have a disability, let us know how we can help you (an interpreter, sign language, TDD/TTY phone number we should call, assistance listening device, etc.) or bring your own support.

عامتسالنا زااج بهولع لصبتن زأ بجي TTY/TDD قمتاه مقر، قرأشإلا فغل، بيروف مجرتم) كئدعاسم انك مئ فيك انربخأ فقاع كيدل وأ فقاعس فقاعز نم يناعت، فقيزي لجلإلا فغللا كئدحتت ال تنك انك لئب فصاخلا قئعاسملا قئعجأ رضحأ وأ (....) فغل قئعاسملا لئب

Si no habla inglés, tiene una discapacidad auditiva o tiene una discapacidad, háganos saber cómo podemos ayudarlo (un intérprete, un lenguaje de señas, un número de teléfono TDD / TTY al que debemos llamar, un dispositivo de asistencia auditiva, etc) o puede traer su propio apoyo.

If you are refused help, call 855-275-6424.

Assistance Application
Michigan Department of Health and Human Services
MDHHS-1171, Assistance Application Form (1-18)

Case #:
ID#:

**“In order to transform the world,
we must first transform ourselves.”**

– Grace Lee Boggs

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